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ILLINOIS DEPARTMENT

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UNIVERSITY OF ILLINOIS
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REPORT

TO THE

GENERAL ASSEMBLY

ON

THE NURSING HOME CARE REFORM ACT OF 1979

AS AMENDED, EFFECTIVE JULY 1, 1985



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Pursuant to Section 3-804 of the Nursing Home Care Reform Act as amended July 1, 1985, the Department is submitting this report to the General Assembly. The report describes the performance of the Department's inspection, survey and evaluation duties under the Reform Act including the number and needs of the Department personnel engaged in such activities. This report covers the Department's Nursing Home Care Reform Act implementation actions for the period January 1, 1986 thru December 31, 1986.

The Department of Public Health's, Office of Health Regulation (OHR) has adopted as its mission statement the following:

To assure that residents of long-term care facilities have the best quality of life possible given their physical and mental disability; are able to reside in the least restrictive setting possible; and have a clean, safe environment that responds to their physical, mental, psychological and spiritual needs.

In order to fulfill this mission statement, a primary focus of the Department's Office of Health Regulation is to enforce nursing home minimum standards in a consistent, fair and firm manner. To accomplish this, OHR has reorganized areas in which long-term care regulations are applied and enforced. Within the Office, a Bureau of Long-Term Care has been created and is headed by a Deputy Associate Director who reports to the Associate Director. The Bureau consists of the Division of Long-Term Care Field Operations, the Division of Long-Term Care Quality Assurance, and the Division of Education and Research.

It is the responsibility of the Bureau of Long-Term Care to assure that The Nursing Home Care Reform Act of 1979 and Title XVIII and XIX of the Social Security Act (Medicare and Medicaid) and regulations promulgated thereunder protecting the health safety and welfare of Illinois nursing home residents, are consistently and fairly enforced in certified skilled and intermediate nursing facilities.

The Division of Education and Research is composed of the Education and Training Section and the Nursing Home Central Complaint Registry (NHCCR). The Education and Training staff coordinates and provides both intramural training for surveyors and extramural training, eg., Quarterly LTC Administrator's Conferences, Governor's Conference on Long-Term Care, Nurse Aide Train-the-Trainer Courses for Community Colleges and facilities, etc., and coordinates and compiles the Nurse Aide Registry. The NHCCR operates the Nursing Home Hotline and refers all complaints to the Division of Long-Term Care Field Operations for subsequent investigation.

The Division of Long-Term Care Field Operations is responsible for all inspections of nursing homes, including licensure, certification and complaint investigations. The Division has nine regional offices and a central office, out of which

sanitarians, nurses, architects and in some cases, nutritionists, investigate facilities within the specific geographic area. The reports generated by these inspections are then forwarded to the Division of Long-Term Care Quality Assurance, which is centralized in Springfield.

The Division of Long-Term Care Quality Assurance assesses the reports and determines whether, pursuant to the statute and the regulations, a Notice of Violation will be issued and a penalty will be imposed.

This organizational approach allows quicker and more efficient inspections of long-term care facilities. Also, the centralized review of reports and issuance of Notices of Violation and penalties will help assure a more consistent application of the regulations and statute.

As of August 15, 1986, the Federal government required the Department of Public Health to institute a new survey process for certification reviews, which are done to determine compliance with Title XVIII and Title XIX requirements. This new survey process is called Patient Care Services Survey, more commonly referred to as PaCS. The goal of the PaCS process is to focus more on outcomes of patient care than compliance with particular regulations in assessing a long-term care facility's capability to provide appropriate levels of care. The Department has assimilated much of the PaCS process into its licensure surveys.

The new PaCS process is changing the Department's assumptions about the need of particular types and numbers of personnel. Past staffing patterns were established on the basis of the heavily centralized procedures which were mandated by P.A. 83-1530. This amendment to the Nursing Home Care Reform Act required the Department to centralize its procedures for determining whether Notices of Violation are issued and whether penalties are assessed. In contrast, the federal certification requirements call for a decentralized on-site survey and deficiency determination procedure. The new PaCS survey methodology originally required a 10 percent sampling of the facilities residents and evaluation of the care provided to the individual in a variety of areas. New federal directives will require a 20 percent sample to be taken. The Office of Health Regulation is in the process of evaluating the ramifications, including personnel needs, that will result because of this change in federal policy and procedures.

Personnel:

The number of personnel in Long-Term Care Regulation increased from 221* to 224* during calendar year 1986. The following Attachments (1 thru 4) indicate filled* or vacant positions within the Bureau of Long-Term Care as of January, 1986 and January, 1987.

BUREAU OF LONG-TERM CARE
FILLED POSITIONS
January, 1986

	CENTRAL OFFICE	REGION 1	REGION 2	REGION 3	REGION 4	REGION 5	REGION 6	REGION 7	REGION 8	REGION 9
EXECUTIVE	10		1				1			1
ADMIN ASST	5									
SECRETARY	3									
CLERICAL	12									
REGISTERED NURSE	22	6	7	8	7	8	8	16	20	19
SANITARIAN	5	2	5	2	3	5	5	6	11	
DIETICIAN	3									3
ARCHITECT	3	1	1	1	1		1	1	1	1
PSYCHOLOGIST										
STAFF DEV SPEC	5									
STAFF DEV TECH	1									
TOTAL	69	9	14	11	11	13	15	23	32	24
STATEWIDE =	221									

* This information does not include contractual employees. January, 1986, there were seven (7) contractual FTE's assisting program staff with mandated clerical functions in the Central Office.

BUREAU OF LONG-TERM CARE
VACANT POSITIONS
January, 1986

	CENTRAL OFFICE	REGION 1	REGION 2	REGION 3	REGION 4	REGION 5	REGION 6	REGION 7	REGION 8	REGION 9
EXECUTIVE	1									
ADMIN ASST										
SECRETARY										
CLERICAL	6									
REGISTERED NURSE		1	1	2				1		
SANITARIAN	3			2			1	2		2
DIETICIAN					1					
ARCHITECT						1				
PSYCHOLOGIST										
TOTAL	10	1	1	4	1	1	1	3		2

STATEWIDE = 24

* This information does not include contractual employees. January, 1986, there were seven (7) contractual FTE's assisting program staff with mandated clerical functions in the Central Office.

BUREAU OF LONG-TERM CARE
FILLED POSITIONS
January, 1987

	CENTRAL OFFICE	REGION 1	REGION 2	REGION 3	REGION 4	REGION 5	REGION 6	REGION 7	REGION 8	REGION 9
EXECUTIVE	12						1			
ADMIN ASST	11									
SECRETARY	2									
CLERICAL	16									
REGISTERED NURSE	21	7	6	7	7	8	8	14	20	17
SANITARIAN	7	2	3	3	3	4	5	7	11	
DIETICIAN	3									3
ARCHITECT	3	1	1	1	1		1	1	1	1
PSYCHOLOGIST										
STAFF DEV SPEC	4									
STAFF DEV TECH	1									
TOTAL	80	10	10	11	11	12	15	22	32	21

STATEWIDE = 224

* This information does not include contractual employees. January, 1987, there were ten (10) contractual FTE's assisting Central Office program staff. One (1) was an RN and the remainder were clerical support. In February, an additional RN was contracted for.

BUREAU OF LONG-TERM CARE
VACANT POSITIONS
January, 1987

	CENTRAL OFFICE	REGION 1	REGION 2	REGION 3	REGION 4	REGION 5	REGION 6	REGION 7	REGION 8	REGION 9
EXECUTIVE										
ADMIN ASST										
SECRETARY										
CLERICAL	5									
REGISTERED NURSE	1	1	1	2		1	1			
SANITARIAN	2		1	1				1	1	
DIETICIAN	1									
ARCHITECT										
PSYCHOLOGIST	1									
STAFF DEV SPEC	1									
STAFF DEV TECH	1									
TOTAL	12	1	2	3		1	1	1	1	

STATEWIDE = 22

* This information does not include contractual employees. January, 1987, there were ten (10) contractual FTE's assisting Central Office program staff. One (1) was an RN and the remainder were clerical support. In February, an additional RN was contracted for.

Survey Process

All long-term care facilities in the State of Illinois are required to be licensed and must be surveyed a minimum of once annually. The annual survey takes place 90 - 120 days prior to the expiration date of the license. Additional surveys to verify compliance with State regulations and plans of correction are conducted as needed.

With passage of Public Act 83-1530, some notable changes in the survey process, forms, and procedures were implemented. For example:

- . Separate documentation on State forms for the licensure portion of the survey.
- . An opportunity for providers to submit information prior to issuance of violations.
- . Citation of violations only after review by Central Office staff.
- . Changes in the legal sanctions which may be levied against facilities.
- . Publication of a quarterly list of actions taken by the Department.

In January, 1986, there were 898 licensed long-term care facilities (See Table 1 for regional breakdowns) with 104,026 licensed beds (See Table 2 for regional breakdowns) statewide. By January, 1987, there were 910 licensed facilities with 105,605 licensed beds. This represents a net increase of 12 facilities and 1,579 beds (See Table 3 for regional breakdowns).

Table 1

Number of Licensed Long-Term Care Facilities By Region

Region	Jan, 1986	Jan, 1987
1 Rockford	71	71
2 Peoria	106	107
3 Springfield	82	81
4 Edwardsville	61	64
5 Marion	103	107
6 Champaign	100	102
7 West Chicago	124	122
8 Chicago	108	111
9 Bellwood	143	145

Table 2

Number of Licensed Long-Term Care Beds
By Region

Region	Jan, 1986	Jan, 1987
1 Rockford	6,720	6,743
2 Peoria	10,526	10,660
3 Springfield	8,195	8,207
4 Edwardsville	6,917	7,133
5 Marion	8,391	8,493
6 Champaign	9,320	9,429
7 West Chicago	15,997	15,956
8 Chicago	17,334	18,103
9 Bellwood	20,626	20,881

Table 3

Change in Number and Capacity of Licensed LTC Facilities
By Region
January, 1986 to January, 1987

Region	Facilities	All Beds
1 Rockford		23
2 Peoria	1	134
3 Springfield	(1)	12
4 Edwardsville	3	216
5 Marion	4	102
6 Champaign	2	109
7 West Chicago	(2)	(41)
8 Chicago	3	769
9 Bellwood	2	255

In calendar year 1986, the survey staff (98 registered nurses, 39* sanitarians, 8 architects, 3 dieticians) conducted an average of 1,086** licensure surveys per month in nine regions statewide. The following Table 4 was prepared from the Medicare/Medicaid Cost Report*** and provides a glimpse at the volume of work contained in the licensure program.

In January, 1986, there were 796 certified long-term care facilities (See Table 5 for regional breakdowns) statewide. By January, 1987, there were 829 certified facilities. This represents a net increase of 33 facilities (See Table 6 for regional breakdowns). These facilities are required to be surveyed a minimum of once annually. Additional surveys to verify compliance with State and Federal regulations are conducted as necessary. Table 7 was prepared from the Medicare/Medicaid Cost Report*** and indicates the survey workload and evaluation requirements of the certification program.

Table 4

Licensure Survey Activities
1986, By Quarter

QUARTER	INITIAL	ANNUAL	FOLLOW-UPS	COMPLAINTS	OTHER	PLANNING
1	7	557	1,429	1,021	129	64
2	1	365	1,784	1,545	431	67
3	40	468	1,066	1,422	232	38
4	44	475	1,795	1,207	158	66
TOTAL	92	1,865	6,074	5,195	950	235

* Sanitaricians also surveyed hospitals, prisons, day care centers, and child care shelters during this reporting period.

** These types of surveys include initial licensure survey, annual resurveys, follow-ups, consultations, reviews for changes, changes of capacity and levels of care, etc., as required by State regulations.

*** Pursuant to reporting requirements mandated by the Health Care Financing Administration, for an initial or annual (licensure or certification) survey, a visit is counted as one(1) no matter how many personnel or man days are used for the survey. A different procedure is used to count visits (surveys) for follow-up, complaint, other or planning. For these categories, each person is counted separately for each complete trip but not for each day of a single trip.

Table 5

Number of Certified Long-Term Care Facilities
By Region

Region	Jan, 1986	Jan, 1987
1 Rockford	65	63
2 Peoria	96	101
3 Springfield	81	81
4 Edwardsville	62	71
5 Marion	97	102
6 Champaign	93	101
7 West Chicago	100	101
8 Chicago	92	97
9 Bellwood	110	112

Table 6

Change in Number of Certified LTC Facilities
By Region
January, 1986 to January, 1987

Region	Facilities
1 Rockford	(2)
2 Peoria	5
3 Springfield	
4 Edwardsville	9
5 Marion	5
6 Champaign	8
7 West Chicago	1
8 Chicago	5
9 Bellwood	2

Table 7

Certification Survey Activities
1986, By Quarter

QUARTER	INITIAL	ANNUAL	FOLLOW-UPS	COMPLAINTS	OTHER	PLANNING
1	7	518	1,364	983	129	66
2	1	344	1,739	1,474	438	24
3	40	447	1,104	1,394	225	37
4	46	464	1,830	1,213	151	68
TOTAL	94	1,773	6,037	4,085	943	195

Certification Action

During this reporting period (January, 1986 through December, 1986), the Department recommended to the Department of Public Aid or to the United States Department of Health and Human Services that 40 facilities be decertified for deficiencies pursuant to Titles XVIII and/or XIX of the Federal Social Security Act.

Licensure Action

A Type 'A' violation is defined in the Nursing Home Care Reform Act of 1979 as a condition or occurrence in a facility presenting substantial probability that death or serious harm to a resident will result. Type 'B' violations indicate a direct threat to the resident. According to the Act,

"...the Director may issue a conditional license to any facility if the Director finds that either a Type "A" or Type "B" violation exists in such facility. The issuance of a conditional license shall revoke any license held by the facility." - Nursing Home Care Reform Act of 1979, Sec. 3-311.

"...a repeat violation (is one) which has been cited during one inspection of the facility for which an accepted plan of correction was not complied with." Nursing Home Care Reform Act, 3-305 (8)

"A licensee who fails to satisfactorily comply with an accepted plan of correction for a Type "B" violation shall be automatically issued a conditional license..." Nursing Home Care Reform Act, 3-305 (5)

Mandatory licensure actions resulting from surveys performed after July 1, 1985 have increased the number of conditional licenses issued to facilities. As a result of the provisions of Senate Bill 1935, 55 conditional licenses were issued during this reporting period (January, 1986 - December, 1986).

Complaint Process

"A person who believes that this Act...may have been violated may...submit (their complaint) to the Department..." "All reports of suspected abuse or neglect...shall be made immediately by telephone to the Central register...on the single, State-wide, toll free telephone number...The Department shall be capable of receiving reports...24 hours a day, 7 days a week..." Nursing Home Care Reform Act of 1979, Section 3-702.

Enhanced enforcement activities were initiated in January 1983, as a result of two legislative mandates calling for a complaint reporting system related to long-term care facilities in the State of Illinois. The Department experienced a five-fold increase in the number of complaints, from approximately 600 per year to approximately 3,000 annually in the first three years since the implementation of these laws in March 1980.

Established in May 1984, the Nursing Home Complaint Hotline assures access and initiates appropriate actions either through the LTC survey process or the Nursing Home Advocacy Program (NHAP) in response to individuals and agencies who have concerns about the quality of care for residents of long-term care facilities.

As a result of the significant number of individuals presently residing in Illinois nursing homes (approximately 90,000) and with the varying quality of care given in these facilities, the Department has taken the initiative to provide assistance to this population.

Complaint investigations of long-term care facilities are conducted and evaluated by a multi-disciplinary team of surveyors. Depending upon the nature of the complaint, the investigation and evaluation may require only one discipline (Registered Nurses, Sanitarians, Architects or Dietitians), or any combination thereof.

Beginning on April 1, 1986, subsequent to the reorganization of the Office of Health Regulation's Bureau of Long-Term Care, complaint investigations are conducted by regional personnel (nurses, sanitarians, architects and nutritionists) reporting to the Division of Long-Term Care Field Operations. This enhanced the Department's ability to efficiently and promptly investigate allegations of poor care in nursing homes.

In addition, facilities will have an opportunity to respond to surveyors' findings based on on-site inspections. This process is similar to that which is statutorily required for licensure surveys. It is anticipated that, by allowing facilities to provide additional information, the number of incorrectly determined valid complaints will be reduced, and those complaints determined to be valid, will be more likely to be upheld during the hearing process.

During this reporting period, the Hotline staff (four operators) received a total of 7,256 calls. Of this total, there were 3,187 actual complaints and 8,775 associated allegations regarding suspected violations of the Act. These allegations and complaints were against 675 (69%) of the long-term care facilities in the State. The average number of complaints per facility is five.

Priority status is given to those calls relating to abuse, neglect and other acute situations (See Table 8 for a breakdown and comparison of calendar 1985 and 1986). Possible life-threatening situations are investigated within 24 hours.

Calls alleging violations of the Act generate a complaint report which is filed with the Department's Long-Term Care Field Operations Division. Calls received by the Nursing Home Hotline from residents, relatives and nursing home staff make up 73.1% of all calls (See Table 9 for a breakdown).

Table 8

Abuse and Neglect Allegations
Received by Nursing Home Central complaint Registry
Against Licensed or Certified LTC Facilities
CY 85 and 86

Type	CY85	CY86
Total Allegations	7,526	8,775
Total Abuse and Neglect	661	941
Physical Abuse	301	416
Mental Abuse	25	22
Verbal Abuse	115	164
Neglect	220	339

Table 9

Source of Allegations
By Type of Complainants
Contacting the NHCCR

	CY85	CY86
Family	37.4	36.9
Other/Unknown*	32.1	28.0
Employees	21.9	27.0
Facility Residents	8.6	8.2
# of Complainants (N)	2605	3182

* = Included in this calculation are the complaints filed by state agencies, local agencies, consumer advocate organizations and indeterminant anonymous complaints.

The Central Complaint Registry has provided the Department with a much needed Central depository for gathering of complaint information in a unified manner (See Tables 10 and 11, regarding regional allegation and valid complaint information). Additionally, it has helped fill a long existing void for the citizens of Illinois who encounter problems regarding long-term care services by affording them a single toll-free line for easy access (24 hours a day) and attention to problems they are experiencing.

Table 10

Licensed and Certified Facilities
With Complaints By Region
CY 1986

Region		All Facilities	Those With Complaints
1	Rockford	74	42
2	Peoria	115	55
3	Springfield	91	52
4	Edwardsville	74	36
5	Marion	116	62
6	Champaign	108	68
7	West Chicago	130	80
8	Chicago	116	79
9	Bellwood	149	102

Table 11

Valid Complaints With Level of Violation
By Region
CY 1986

Region		Valid Complaints	A's	B's	C's
1	Rockford	77		38	127
2	Peoria	88	1	48	147
3	Springfield	210	5	257	427
4	Edwardsville	88	4	55	126
5	Marion	107	9	53	144
6	Champaign	100	1	47	131
7	West Chicago	124	2	53	187
8	Chicago	184	7	98	363
9	Bellwood	183	17	67	198

Hearing Process

An average of 28 administrative hearings per month are requested by long-term care facilities which have been determined to have violated the Act through complaint investigations and/or surveys conducted by Department personnel.

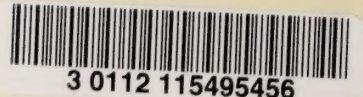
During this reporting period, (January, 1986 - December, 1986), the Legal Section sent 36 notices of Conditional Licenses in regard to Type "A" violations and 19 notices of Conditional Licenses for repeat violations. Additionally, a total of \$378,235.25 in fines is being sought.

The Department may impose a fine or other penalty on facilities which violate the Nursing Home Care Reform Act. The more severe penalties are reserved for a facility which does not correct a violation within the time period required. With a staff of nine Technical Advisors, the Legal Section collected \$70,401.40 in fines during this reporting period.

Conclusion

With the reorganization of the Bureau of Long-Term Care and a firm but fair approach to licensing and certifying facilities in the State of Illinois, the Illinois Department of Public Health is meeting and exceeding its responsibilities to the citizens of the State, especially institutionalized long-term care residents.

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Violent Offenses

An average of 25 administrative hearings per month are requested by long-term care facilities which have been determined to have violated the Act through compliance investigations and/or surveys conducted by Department personnel.

During this reporting period, 15 January, 1982 - September, 1982, the total number of 15 notices of Conditional Discharge is listed as Type "A" violations and 15 notices of Conditional Discharge for repeat violations. Additionally, total of \$118,333.33 in fines is being sought.

The Department may impose a fine or other penalty on facilities which violate the Nursing Home Care Act. The total number of violations are reported for a facility which does not receive a violation within the time period required. With a result of nine technical violations, the total number collected is \$118,333.33 in fines during this reporting period.

Violations

With the implementation of the Bureau of Long-Term Care and a fine but late response to licensing and certified facilities in the State of Illinois, the Illinois Department of Public Health is meeting and exceeding its responsibilities to the citizens of the State, especially institutionalized long-term care residents.